Entered - 12-9-99 - sb CL - 99L0836 ALEXIS HOLMES

CLAIM OF: BARBARA MEDEIROS

01-2 -1761

602 Farmbrook Trail

Kennesaw, Georgia 30144-1628

For property damages alleged to have been sustained as a result of a City police officer transporting her to a hospital on October 19, 1999 at 80 Butler Street, SE.

THIS ADVERSE REPORT IS APPROVED

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0836	Date: 10/12/01
Claimant / VictimBARBARA MEDEIROS	
BY: (Atty)(Ins.) Address: 602 Farmbrook Trail Kennesaw, Subrogation: Claim for Property demage \$	
Address: 602 Farmbrook Trail Kennesaw,	Georgia 30144-1623
Subrogation: Claim for Property damage \$	650.00 Bodily Injury \$
Date of Notice: 11/24/99 Method: W	Georgia 30144-1623 650.00 Bodily Injury \$ /ritten, proper X Improper Ante Litem (6 Mo.) ace: 80 Butler Street, SE
Conforms to Notice: O.C.G.A. §36-33-5 X	Ante Litem (6 Mo.)
Date of Occurrence 10/19/99 Pla	ace: 80 Butler Street, SE
DepartmentDivi	SIGH: FOD
Employee involved	Disciplinary Action:
custody by a City police officer and transported to a l	ages after her property was lost when she was taken into nospital. However, the claimant believes that the City's cles, therefore, she has declined to pursue her claim
INVESTIGATION:	
Statements: City employee Claimant X	Other X Written Oral
Pictures Diagrams Reports: Poli	Ce Dent Penort Other
Traffic citations issued: City Driver	ce Dept Report Other
Citation disposition: City Driver	Claimant Driver
Chancel disposition. City Dillor	Claimant Differ
BASIS OF RECOMMENDATION:	
Function: Governmental X	Ministerial Other Damages reasonable
Improper Notice More than Six Months	Other Damages reasonable
City not involved Offer reje	ccted Compromise settlement
Repair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City Negligent	Repair/replacement by City Forces Joint Claim Abandoned X
0.0) 1.08.08	Claim NoundonedX
Re	spectfully submitted,
ĪN	Clefis Helmes VESTIGATOR - ALEXIS HOLMES
RECOMMENDATION:	
	\wedge
Pay \$ Adverse X Access	upt charged: 1A012J01 2H01
Claims Manager: ///	Concur/date /0 / 6 0/
Committee Action:	Council Action
7	Council Action
FORM 23-61	

Reexs

COUNCIL OF THE CITY OF ATLANTA		RE: CLAIM FOR	DAMAGES	12/02/9
MUNICIPAL CLERK			. ulal	aC)
City Hall	RNT	Today's [ERED - 12-6-99	ate: //////	17_
55 Trinity Avenue, S.W.				•
Atlanta, Georgia 30335	and the second s	OOJO IIIKI KI	1420	
		11-24-99 AL)·50 au+	
Dear Municipal Clerk:	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
This is to notify the City of Atlanta that I ha	va suffered dame	ree in the amount	sum of & # Co.	51) & TeX
and/or\$bodily injury for	which I contend	the City is liable	sum of 3	proper
		2.0 City 10 2200101		50.€ †≥X proper
1. Date of incident: // / 19 19 (month/day/ year)	-approx	2. Police called:	<u></u>	_
(month/day/year)	6-860	المسل	Yes No	•
On At	and Deas 1	ter	Ph	.Roswell
3. Location of incident: Peachti	ee rrese	yichian	LNUrch	Voz. MER
		,		3400
4. Name of your insurance company:			Policy N	
5. State what and how incident occurred:	Palicana	e. a 000		collect
to "assist" me?	Bouch	t to G	adu L	LEDITA
where officer p	out mu	belonge	NET (P"	Nectil
	2011	- 101 (A)	/ 	uno r
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